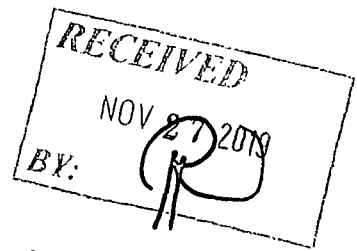


ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV



COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICIAL USE ONLY	
Date Received: <u>Nov 27, 2019</u>	Case Number: <u>20-48</u>

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr John Samuelson
Premise Name: Madison Animal Hospital & Grooming
Premise Address: 539 E. Glendale Ave. Ste 1
City: Phoenix State: AZ Zip Code: 85020
Telephone: 602-358-7815

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: MARY MOONEY
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Mocha
Breed/Species: Chow mix Dog
Age: 14 Sex: Female Color: Tan/Red/BLACK

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE: - See ATTACHMENT.
Please provide the name, address and phone number for each veterinarian.

DR CAITLIN HERRIOTT
539 E. Glendale Ave. Ste 1

Phoenix AZ 85020

602-358-9815

WORKS WITH DR. SAMUELSON

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Mary Mooney

Date: 11/26/19

DR STEWART S Cellers - DESERT HILLS ANIMAL HOSPITAL
13811 N. 7th ST.
Phoenix, AZ 85022
602-993-5430

DR. PAUL Cuddon - ANIMAL MEDICAL & SURGICAL CENTER
DR. CARMEN YEAMANS - ANIMAL MEDICAL & SURGICAL CENTER
17477 N. 82nd ST.
SCOTTSDALE, AZ 85255
480-502-4400

DR. JESSICA VENABLE - 1ST PET VETERINARY CENTERS
18453 N. 7th Ave.
Phoenix, AZ 85023
623-849-0700

DR. SAMANTHA B THURMAN - DESERT SAGE VETERINARY CLINIC
2249 W. BETHANY HOME RD
Phoenix, AZ 85015
602-433-0198

DR MEGAN M SCHAIKLE
SOUTHWEST VETERINARY SURGICAL SERVICE - SC
22595 N. SCOTTSDALE RD STE 120
SCOTTSDALE, AZ 85255
CONSULTATION CONCERNING SURGERY

DR ROSS LIATZMAN

ARIZONA CANINE ORTHOPEDICS & SPORTS MEDICINE

7410 E. PINNACLE PEAK Rd Suite 110

SCOTTSDALE, AZ 85255

DR SCOTT B PLUMMER

VETERINARY NEUROLOGICAL CENTER

4202 E RAYMOND ST.

PHOENIX, AZ 85040

602-437-1488

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

See ATTACHED paperwork.

On 9/25/19 Dr. Samuelson performed surgery to remove a growth under or to the side of Mocha's tongue. Around 1:40 they called to say I could pick Mocha up at 2:30. I arrive and they say she is having a hard time with the anesthesia and to come back in 2 hours. I arrive around 4:30 and they tell me Mocha is having a hard time getting up and to come to the back and see if she will get up for me. Mocha was splayed out on the ground with her legs straight out and flopping around like a seal. Mocha couldn't get up and they told me to come back at 6:30. I arrive and Dr. Samuelson carries Mocha out and once outside puts her on the ground. Tells me to take her front, while he took her back. Says to be careful as she tried to bite him. Mocha turns and wraps her teeth around my hand and Dr. Samuelson tells her to stop it. I'm talking to Dr. Samuelson and he is not responding to my questions. Get Mocha in the car and home. Once home I lay her on the area rug. She can't get up so I leave her on the area rug and I sleep on the couch.

9/26/19 I call Madison Animal Hospital and Grooming and tell them Mocha is still unable to get up or walk. I called them twice on that day to voice my concern. Both times they told me not worry and Mocha is an older dog so it will take some time for her to get over the anesthesia.

9/27/19 I call Madison Animal Hospital and Grooming and tell them she is still unable to get up or walk. I take her in and she is seen by Dr. Caitlin Herriott. I voice my concern and she says she could have had a stroke or bad reaction to the anesthesia. She says Mocha is dehydrated and they would keep her for the rest of the day and give her fluids. I ask that they do a titer test since Mocha had Valley Fever in the past, it took a long time for her titer to go down to an acceptable level and I thought maybe the Valley Fever had come back with a vengeance.

9/28/19 Take Mocha back to Madison Animal Hospital and Grooming because Mocha still can't get up or walk. Dr. Herriott does some test and says it is neurological.

9/30/19 Take Mocha to Dr. Cellers of Desert Hills Animal Hospital for a second opinion. I tell him I was told my Dr. Herriott that it was neurological. He said he agreed with them and gave me the name, address and phone number of a neurologist, Animal Medical & Surgical Center.

10/3/19 Take Mocha to Animal Medical & Surgical Center and she is seen by Dr. Cuddon. They do an MRI later that day and in the evening Dr. Cuddon calls me with the results. He says there is nothing neurologically that would explain why Mocha can't get up or walk. They keep her overnight because of the distance from where I live and the center. I pick her up on 11/4/19 and buy the Help Em' Up harness.

10/6/19 Take Mocha back to Animal Medical & Surgical Center and explain that with help I was able to get Mocha to walk a little, but she was wobbly and her back was trying to catch up to her front and she just can't get up by herself or walk with me holding her.

10/9/19 Take Mocha to Dr. Venerable of 1st Pet for a consultation for physical therapy.

10/11/19 Take Mocha to Dr. Cellers because of sores she had do to laying around.

10/16/19 Mocha has her first therapy session of laser treatment at 1st Pet.

10/22/19 Mocha has an ultrasound at Animal Medical & Surgical Center. Dr. Yeamans tells me there are no masses or anything on the ultrasound that could cause Mocha not to be able to get up or walk. We go into a private room and she tells me this is one of those instances where it is a mystery.

10/24/19 through 11/6/19 Mocha continues to have laser and acupuncture therapy. I got a little snippy and said I was frustrated because we weren't get her up or doing hydrotherapy. They said because of her sore they couldn't go hydrotherapy until it healed. I had told Dr. Venerable and the person, Nikki (spelling) doing the laser therapy numerous times I thought there was something wrong on her left side and especially her left hind leg.

11/6/19 I talked to Dr. Venerable about my frustration there wasn't improvement and reiterated I felt something was wrong with her left hind leg. I told her I wanted Mocha's left hind leg x-rayed. She said they could do it at 1st Pet, but it would be more expensive since I would be bringing her in as an emergency.

11/7/19 Called Dr. Cellers office to schedule for an x-ray. Dr. Cellers got on the phone and said I would be wasting my money and "I'll tell you what's wrong, it is neurological." He then said I could drop her off. I didn't take her in to him.

11/08/19 Made an appointment at Dr. Thurmans office.

11/11/19 Explained to Dr. Thurman what was going on and I wanted an x-ray of Mocha's hind leg. X-ray showed Mocha has a dislocated hip. Dr. Thurman calls a Dr. and they have me tentative until I call them back. Call from Dr. Thurman's office to confirm appointment.

11/15/19 Take Mocha To Dr. Megan Schaible for consultation about surgery. Made rash decision and booked the surgery for 11/18/19. On 11/17/19 I called and said do to a family emergency I couldn't bring Mocha in. I lied about the family emergency because I didn't want to tell her I was uncomfortable with her and the surgery she was going to perform.

11/18/19 Make an appointment with Dr. Lirtzman.

11/20/19 Do to a cancellation that are able to get me in instead of the original 11/26/19.

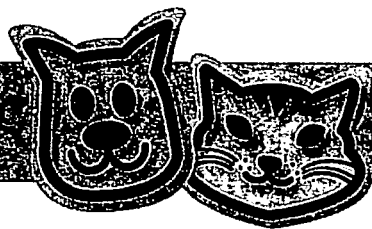
11/21/19 X-ray taken at Dr. Lirtzman's office.

11/22/19 Dr. Lirtzman calls. He said it is bone on bone. He said "she doesn't even have arthritis. He really wasn't in favor of the FHO. Says he would like to do the hip replacement, but there are issues with that. Says he really wants her to be able to get up and walk on her own.

11/23/19 Talk to Dr. Thurman. She recommends Dr. Plummer to see if he has any ideas why Mocha cannot get up or walk on her own. He says there is nothing wrong neurologically with her. He believes the reason Mocha isn't getting up and walking

is because of the pain. He recommends physical therapy and for Mocha to the have the hip replacement, but that he couldn't make Dr. Lirtzman do the surgery.

received
12/16/19



MADISON
ANIMAL HOSPITAL & GROOMING

December 13, 2019

SENT VIA U.S. MAIL AND
E-MAIL TO
TRACY.RIENDEAU@VETBOARD.AZ.GOV

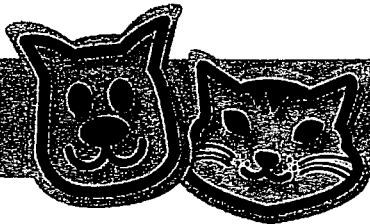
Tracy Reindeau
Arizona State Veterinary Medical Examining Board
1740 West Adams Street, Suite 4600
Phoenix, Arizona 85007
Tracy.Riendeau@vetboard.az.gov

In re: John Samuelson,, D.V.M., Case No. 20-48

On September 25, 2019, "Mocha," a 14 year-old Chow Chow Mix dog, presented to Madison Animal Hospital & Grooming with a 1 cm mass underneath her tongue. After a detailed discussion with her owner, Mary Mooney, and a physical examination of Mocha, Ms. Mooney authorized a sedation and biopsy of the unidentified mass so that we could diagnose the mass and treat Mocha. Ms. Mooney authorized the procedure, and signed Madison Animal Hospital's pre-surgical paperwork, which again discussed the risks of the procedure and anesthesia. We informed Ms. Mooney that we would contact her following the procedure.

I used a combination of medications to appropriately sedate Mocha for her biopsy. The medication combination provided to Mocha is routinely used by my office for simple short procedures. Mocha was given initial injections intravenously while standing on the examination room floor. Mocha was then moved to the operating table where she was placed in lateral recumbency. An excisional biopsy was then taken. The procedure lasted approximately three (3) minutes and was unremarkable. A copy of the surgical report is enclosed herein. The mass was then submitted for histopathology.

After the procedure was completed, the main sedative drug, Dexdomitor, was reversed using Antisedan. Mocha was then placed in a three (3) by four (4) foot kennel on a blanket for recovery, and constantly monitored by Steven Stoyer, one of the veterinary technicians. Within approximately five (5) minutes, Mocha was sitting sternal. She was still sedated, but was showing signs of consciousness and recovering appropriately. Mocha's recovery continued over the next several hours, and was uneventful. During her recovery, Mocha attempted to stand in her cage several times as is typical when a dog is coming out of anesthesia. Mocha, however, soon settled, and continued to recover.



MADISON ANIMAL HOSPITAL & GROOMING

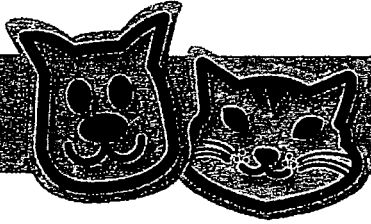
Ms. Mooney was called after Mocha was sufficiently alert and awake to schedule a pickup time. When Ms. Mooney came to pick up Mocha, I determined that Mocha was still too sedated to discharge, and a new pickup time was scheduled. Ms. Mooney returned later in the day, as scheduled, to pick up Mocha. While Mocha was still having difficulty getting her footing on the tile, as is typical with older dogs, she was able to rise and walk on concrete and on soil. I explained to Ms. Mooney that older dogs can have trouble standing on slippery surfaces when they have been sedated. In my judgment, Mocha had sufficiently come out of anesthesia and could continue her recovery at home. I advised Ms. Mooney to monitor and limit Mocha's movements while she continued to recover.

It is worth noting that in previous physical exams of Mocha, and during my examination of Mocha on September 25, 2019, Mocha was slow to rise in the exam room prior to surgery and repeatedly exhibited a stiff gait. These signs are typically associated with significant osteoarthritis, which is common in older dogs. At discharge on September 25, 2019, Mocha was able to walk slowly to Ms. Mooney's car. I personally placed Mocha in the vehicle so Mocha would not try to jump and/or struggle to get in.

The following day, September 26, 2019, Ms. Mooney called to say that Mocha was still having difficulty getting up on tile, but was able to walk on a rug or outside. Ms. Mooney spoke with our client relations staffer, Darcy Riggs. Based on Ms. Mooney's report, I recommended that Ms. Mooney continue to give Mocha her pain medications and give her one more day to continue her recovery. Ms. Mooney was informed that occasionally dogs with arthritis may exacerbate signs while straining to stand after surgery, especially older dogs. Ms. Mooney was told to contact us if Mocha did not show signs of improvement or if she had additional concerns.

On September 27, 2019, Ms. Mooney followed up with my office, reporting that Mocha was getting worse. Dr. Starkel spoke with Ms. Mooney regarding Mocha's case, as I was not at Madison Animal Hospital that day. Dr. Starkel scheduled an appointment for Ms. Mooney to see Dr. Herriott later that day. Although I was not working on September 27, 2019, my office kept me apprised by updating me on Mocha's case upon my return. A summary of Dr. Herriott's treatment and Dr. Starkel's conversation with Ms. Mooney is memorialized in Mocha's medical records.

Ms. Mooney ultimately decided to seek treatment from another provider, and requested a copy of Mocha's medical records on September 28, 2019. Once I became aware that Ms. Mooney was unsatisfied with her experience at Madison Animal Hospital & Grooming, I sent her a letter indicating that I would be happy to speak with her regarding her experience. As of this writing, Ms. Mooney has not reached out to me.



MADISON ANIMAL HOSPITAL & GROOMING

I am confident that all veterinary services provided by me to Mocha were performed professionally, and in compliance with the applicable standard of care. A copy of the Mocha's medical records, surgical report, biopsy results, and discharge instructions are enclosed with this Response. Pursuant to her request, Ms. Mooney was provided with copies of these records within the statutory time. I, however, was not personally involved in fulfilling her specific request. Thank you for providing me with the opportunity to respond to this Complaint. I respectfully request that the Board dismiss Claim No. 20-48 with no violations.

Respectfully submitted,

John Samuelson, D.V.M.



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039
VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, D.V.M. - Chair
Jarrod Butler, D.V.M.
Christina Tran, D.V.M.
Carolyn Ratajack
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Dawn Halbrook, Compliance Specialists
Mary D. Williams, Assistant Attorney General

RE: Case: 20-48
Complainant(s): Mary Mooney
Respondent(s): John Samuelson, D.V.M. (License: 4040)

SUMMARY:

Complaint Received at Board Office: 11/27/19
Committee Discussion: 2/4/20
Board IIR: 3/18/20

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised September
2013 (Yellow).

On September 25, 2019, "Mocha," a 14-year-old female Chow mix was presented to Respondent for a mass removal. The procedure was performed and while recovering, the dog was having difficulty rising and standing on tile. Later that day, the dog was discharged and Respondent helped Complainant get the dog in the car.

The dog continued to have difficulty walking after the anesthetic procedure and saw several care providers for multiple diagnostics, including blood work, ultrasound and MRI, in attempts to identify the dog's issue.

On November 11, 2019, the dog was presented to Desert Sage Veterinary Clinic. Pelvic radiographs were performed and a left femoral luxation was found. Complainant was referred to a surgeon for a possible FHO surgery.

On December 10, 2019, the dog underwent FHO surgery at Arizona Canine Orthopedics & Sports Medicine.

Complainant was noticed and appeared.

Respondent was noticed, and appeared with Counsel, David Stoll.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Mary Mooney
- Respondent(s) narrative/medical record: John Samuelson, DVM
- Consulting Veterinarian(s) narrative/medical record: Caitlin Herriot, DVM; Stewart Cellers, Desert Hills Animal Hospital, DVM; Animal Medical & Surgical Center; 1st Pet Veterinary Centers; Desert Sage Veterinary Clinic; Southwest Veterinary Surgical Service; Ross Lirtzman, DVM; and Veterinary Neurological Center.

PROPOSED 'FINDINGS of FACT':

1. On November 25, 2019, the dog was presented to Respondent for a mass removal under the tongue. Upon exam, the dog had a weight = 45.1 pounds, a temperature = 101.4 degrees, a heart rate = 160bpm, and a respiration rate = 40rpm. Respondent noted grade 3/4 periodontal disease, a mucosal mass underneath the tongue on left side, approximately 1cm long, and a stiff gate in hind limbs, slow to rise in the exam room. The differential diagnoses were – pannus (stable), urinary incontinence (under treatment), sublingual mass (rule out benign vs malignant), and suspect hip/spinal osteoarthritis.

2. Respondent offered to keep the dog for sedation and biopsy of the mass under the tongue. Complainant approved. The dog was administered butorphanol, dexdomitor and midazolam IV for sedation; ketamine IM was also given to the dog. The mass was excised and incision closed with 2-0 gut; mass submitted for histopath. The dog was placed in recovery and Complainant was called to advise she could pick up the dog in an hour.

3. When Complainant arrived to pick up the dog she was told the dog was still recovering from anesthesia and asked to return in a couple hours. Upon her return, Complainant was advised that the dog was still having a hard time getting up and was asked to see if the dog would rise for her. Complainant went into the back, the dog was splayed out on the ground with her legs straight out and flopping around like a seal, according to Complainant – she was asked again to return later. Galliprant 60mg was dispensed to the dog.

4. According to Respondent, the dog was having difficulty getting her footing on the tile, as is typical with older dogs, she was able to rise and walk on concrete and on soil. He explained to Complainant that older dogs can have trouble standing on slippery surfaces when they have been sedated. Respondent felt the dog had recovered sufficiently from anesthesia and could continue her recovery at home. Complainant stated that Respondent carried the dog outside and put her on the ground; they both assisted the dog to walk to the car and Complainant took the dog home. Once home, Complainant put the dog on an area rug – the dog was unable to get up.

5. The following day, Complainant called Respondent's premises twice to let them know that the dog was still unable to get up and walk. According to Complainant, she was told not to worry, as it takes older dogs to recover from anesthesia. According to the medical record, Complainant reported that the dog was unable to get up on her own on tile. She can walk on the rug or outside but was still struggling on tile. Complainant denies she reported the dog could walk on the rug or outside. Respondent recommended continuing pain medications and to monitor another day. Complainant was advised to call the next day to report on the dog's status; the dog may feel painful from straining to get up after the anesthetic procedure.

6. On September 27, 2019, Complainant called Respondent's premises upset that the dog still could not get up on her own. Dr. Starkel, Respondent's associate, explained that the dog may have strained herself after the surgery, especially since she had been showing signs of osteoarthritis. The dog may need additional pain medication. Complainant also reported that the dog was having diarrhea. Dr. Starkel advised that it could be due to stress colitis or secondary to the surgery; she recommended metronidazole. An appointment was scheduled for the dog to be seen that day.

7. Later that day, the dog was presented to Respondent's associate, Dr. Herriott, for not being able to walk. Complainant advised that the dog was having a hard time walking on tile, but will get up and walk around in areas where there are rugs. Additionally, the dog was not eating and was having diarrhea. Upon exam, the dog had a weight = 45.1 pounds, a temperature = 99.5 degrees, a heart rate = 140bpm and a respiration rate = 30rpm. Dr. Herriott noted the dog was non-ambulatory; when placed in standing position, both front limbs were knuckled, negative proprioception of both front limbs and positive proprioception of both rear limbs.

8. Dr. Herriott's differential diagnoses were non-ambulatory: secondary to sedation, osteoarthritis/muscle pain, neurologic disease, valley fever, and open. Dr. Herriott discussed with Complainant that she was unsure why the dog was not walking at this point. She advised that blood work has not been performed on the dog in over 2 year, so there could be a possibility that her liver/kidneys were not processing the medications as they should. Additionally, the dog could have osteoarthritis/muscle pain and could have strained muscles when attempting to get up. Dr. Herriot recommended blood work and hospitalization on IV fluids due to possible dehydration; Complainant agreed. Blood was collected and the dog was started on IV fluids.

9. Dr. Herriott called Complainant with blood work results and that they showed a moderate elevation in two liver enzymes, ALT and ALP. Abdominal ultrasound would be the next diagnostic step. After discussion, Complainant elected to run a valley fever titer and start the dog on demamarin.

10. While hospitalized, the dog was given a complimentary dose of Entyce and she began to eat canned a/d. Later that evening, Complainant picked up the dog and was discharged with metronidazole and denamarin.

11. On September 28, 2019, the dog was presented to Dr. Herriott for a recheck after Complainant spoke with her on the phone. The dog was examined; with help the dog was able to stand on carpet and mostly support herself; right front limb positive proprioception, left front limb positive but slow proprioception. Dr. Herriott felt the dog had improved since the previous day. Dr. Herriott recommended a dexamethasone injection and dispense oral prednisone to start the next day; Complainant to discontinue galliprant. Home video showed the dog was able to walk but took very small steps and was hesitant to move. The dog was administered dexamethasone sodium phosphate 4mg/mL – 1.2mLs IM, right hind limb; Entyce 30mg/mL – 2mLs orally; and fed ½ can a/d. The dog was discharged with prednisone 20mg tablets to start the next day.

12. The next day, Dr. Herriott called to get an update on the dog. Complainant relayed that the

dog still had not improved and was unable to get up on her own. Once up, she could walk but was hesitant. Complainant expressed frustration. Dr. Herriott advised that she and Respondent had been discussing the case trying to figure out what was going on with the dog. The next step would be radiographs of the dog's spine and abdomen. They could also try gabapentin and tramadol for pain as they are safe for the liver. Dr. Herriott discussed with Complainant referral to a neurologist or orthopedist. She recommended starting the prednisone since the dog's appetite had improved.

13. On September 28, 2019, Complainant requested medical records be transferred to another provider.

14. Histopath of the mouth mass revealed mucosal polyp – no evidence of malignancy.

15. On October 3, 2019, the dog was presented to Animal Medical & Surgical Center for evaluation and MRI. MRI revealed cystic structure causing mild to moderate SC compression at the level of C1/C2 on the left side. No other abnormalities were detected. Findings were discussed with Complainant and it was recommended to continue supportive care and steroid at home.

16. Dr. Yeamans McGee from Animal Medical & Surgical Center submitted a statement that Complainant accused Respondent of doing something incorrectly – based on their repeated exams, they were unable to find a structural cause for the dog's tetraparesis.

17. Complainant elected to start physical therapy, acupuncture and laser treatment at 1st Pet Veterinary Centers. She also consulted with Dr. Cellers at Desert Hills Animal Hospital who suspected the dog's condition stemmed from a neurological issue.

18. On November 11, 2019, the dog was presented to Dr. Thurman at Desert Sage Veterinary Clinic for evaluation. Dr. Thurman found the dog unable to rise on her own; with the use of a harness she could ambulate, seemed weak and wanted to walk. There were decreased CP on both rear limbs and an ulceration on the left hip. Pelvic/stifle radiographs were performed and a left femoral luxation was found. Dr. Thurman discussed with Complainant that there was no way for them to know when the luxation occurred and recommended referral to a surgeon for consultation and possible FHO surgery. She also explained that there may be an associated neuropathy associated with the dog's condition or multiple disease processes. The dog was discharged with an antibiotic for the ulceration.

19. On November 15, 2019, the dog was presented to Dr. Schaible at Southwest Veterinary Surgical Service for surgical consultation. She was puzzled that the left coxofemoral luxation was never suspected or confirmed until November 11, 2019. Dr. Schaible reviewed the MRI from the neurologist; it showed one normal coxofemoral joint but she could not confirm or rule out the left coxofemoral luxation on the imaging therefore Dr. Schaible could not identify when the luxation occurred. She also felt there could be a neurologic component to the dog's clinical presentation and told Complainant that the dog's mobility and comfort may improve but it was unlikely the dog would return to her normal status.

20. Complainant scheduled surgery with Dr. Schaible but later cancelled due to not feeling

comfortable moving forward.

21. On November 20, 2019, the dog was presented to Dr. Lirtzman at Arizona Canine Orthopedics & Sports Medicine for evaluation. Dr. Lirtzman noted that the dog was still unable to stand and walk without substantial whole body sling support. Recommendations regarding treatment of dorsal hip luxation including various techniques for open hip reduction and hip salvage techniques, including FHO and total hip replacement. Complainant was advised to return for sedated exam, hip palpation to determine if the joint might be reducible and additional radiographs.

22. On November 21, 2019, the dog was presented to Dr. Lirtzman for a sedated exam. The left hip was found non-reducible with severe bone-on-bone crepitation and impingement. Radiographs were performed and Dr. Lirtzman felt the only treatment option for the luxated hip was FHO.

23. Complainant provided additional radiographs to Dr. Lirtzman after his evaluation, which were diagnostic of left medial shoulder luxation. Dr. Lirtzman discussed the chronic left shoulder and left hip luxation at length with Complainant. It was agreed to perform the FHO with a possible need to address the left shoulder luxation in the future.

24. On November 25, 2019, Respondent sent Complainant a letter apologizing for not being there at the beginning and for the dog's return visit. He acknowledged he fell short of his goal of providing good communication. Complainant did not receive the letter; it was sent back to Respondent due to Complainant not picking up her certified mail.

25. On December 10, 2019 the dog was presented to Dr. Lirtzman for left FHO. The procedure was performed and the dog was discharged the following day.

26. Follow up exams were conducted and Complainant provided videos to Dr. Lirtzman of the dog improving in strength and mobility.

COMMITTEE DISCUSSION:

The Committee discussed that this was a difficult case to determine what happened. There are two very different versions of the story making it difficult to come up with a firm opinion and assign responsibility.

The dog was not having problems prior to the procedure; afterwards, the dog had a difficult recovery and she was attempting to bite Respondent when carrying the dog indicating pain. The Committee would have liked to have seen a radiograph performed but did not feel that rose to the level of a violation.

The Committee also would have liked to have seen blood work performed prior to the procedure as well as IV fluids. However, a reversible medication was used and sufficient monitoring was provided.

The Committee expressed concern that the dog could walk 4 miles a day prior to the procedure

and then not be able to walk after a relatively minor surgery. It appears something happened, but there was no way to determine where, when or how the luxation occurred. One version of the story is the dog walked into the premises and could not walk out; the other version is that the dog was able to walk on concrete.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

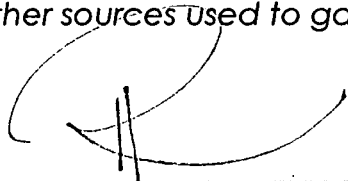
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division